PATENT APPLICATION FEE DETERMINATION RECOPE Effective January 1, 2003									Application or Docket, Number					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			39				F	ATE	FEE	1	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		BAS	IC FEE	375.00	OR	BASIC FEE	750.00		
TOTAL CHARGEABLE CLAIMS			39 minus 20=		* 19		X	X\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			6 minus 3 =		* 3		×	42=		OR	X84=			
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT								+280=			
* If the difference in column 1 is less than zero, enter "0" in column 2								140≠ OTAL	 	OR				
CLAIMS AS AMENDED - PART II								JIAL	<u> </u>	OR	OTHER	THAN		
Column 1							SM	ÌALL	ENTITY	OR	SMALL			
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	R	RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE		
AMENDMENT	Total	* 49	Minus	** 3	9	= 10	×	\$ 9≈	90	OR	X\$18=	१४०		
AME	Independent	* 10	Minus		-e	= 4	X	42=	ine	OR	X84=	352		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							40=		ОЯ	+280=			
								TOTAL T. FEE	 	OR	TOTAL ADDIT, FEE			
		(Column 1)	(Column 2) (Column 3				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,). 1 CC			ADDII., CC			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=	X	9=	·	OR	X\$18=			
ME	Independent	*	Minus	werk		=	×			OR	X84=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM													
								40= TOTAL		OR	+280= TOTAL	_		
			•					T. FEE		OR	ADDIT. FEE	<u> </u>		
	(Column 1) (Column 2) CLAIMS HIGHEST					(Column 3)								
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER BUSLY	PRESENT EXTRA	R/	ATĘ.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
N N	Total	*	Minus	**		=	XS	9=		OR	X\$18=			
AME	Independent	*	Minus	***		=	×	12=		OR	X84=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+280≈	· · · · · ·		
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										TOTAL			
***	If the "Highest Nu	mber Previously Pa mber Previously Pa ber Previously Pai	aid For IN THI	S SPACE I	s less tha	л 3, enter "3."	AUUI	the an	aroorlate be-	'	ADDIT. FEE	<u> </u>		
l	rue inflisearianii	IDOLLIEVIOUSIY FAI	· · · · · · · · · · · · · · · · · · ·	. stoepende	אום פו לוויי	ຊະເອລະ ເເບເຄນອ	i iounu iii	nie ab	Prohitate no)	, in COI	U1666 1.			